

PATENT COOPERATION TREATY

From the RECEIVING OFFICE

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Applicant's or agent's file reference 57987-PCT(71)		REPLY DUE NONE However, see paragraph 3 below	
International application No. PCT/US03/31430		International filing date (day/month/year) 03 Oct 2003	
Applicant CARITAS ST. ELIZABETH'S MEDICAL CENTER OF BOSTON, INC.			

1. The applicant is hereby notified that this receiving Office has corrected formal defects in the international application *ex officio*, as shown on the attached copy of:

☒ the request, sheet No.: 1, 4, AND 5

☐ the description, sheet No.: _____

☐ the claims, sheet No.: _____

☐ the drawings, sheet No.: _____

☐ other (specify): _____

2. If the applicant agrees with these corrections, no further action is required in this regard.

3. In case of disagreement with these corrections, the applicant should promptly inform this receiving Office accordingly.

Name and mailing address of the receiving Office Mail Stop PCT, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450 Facsimile No. 703-305-3230	Authorized officer Rita Dozier Telephone No. 703-305-3759
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PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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International Application No.

03 OCT 2003

International Filing Date

(03.10.03)

PCT INTERNATIONAL
APPLICATION RO/US

Applicant's or agent's file reference
(if desired) (12 characters maximum)

57987-PCT (71417)⁴

Box No. I TITLE OF INVENTION
INHIBITION OF Src FOR TREATMENT OF REPERFUSION INJURY RELATED TO REVASCULARIZATION

Box No. II APPLICANT ☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
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State (that is, country) of residence:
US

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

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☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IX CHECK LIST: LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
(a) in paper form, the following number of sheets:		1. <input checked="" type="checkbox"/> fee calculation sheet	1
request (including declaration sheets)	45	2. <input type="checkbox"/> original separate power of attorney	
description (excluding sequence listings and/or tables related thereto)	33	3. <input type="checkbox"/> original general power of attorney	
claims	5	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	
abstract	1	5. <input type="checkbox"/> statement explaining lack of signature	
drawings	23	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	
Sub-total number of sheets	67	7. <input type="checkbox"/> translation of international application into (language):	
sequence listings		8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	
tables related thereto		9. <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers)	
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	
Total number of sheets	67	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column	
(i) <input type="checkbox"/> sequence listings		10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)	
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(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))		(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)	
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Figure of the drawings which should accompany the abstract:		Language of filing of the international application:	English

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

John D. Burke, Vice President, Institutional Research

Date

Douglas W. Lorscheider

Date

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1. Date of actual receipt of the purported international application:

DT20 Rec'd PCT/PTQ 03 OCT 2003

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority

ISA/715

6. ☐ Transmittal of search copy delayed until search fee is paid

2. Drawings:

☐ received:☐ not received:

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Date of receipt of the record copy by the International Bureau: